



**Spouse/Ex-Spouse
Claim for
Benefits**



Retired Member Death

*California
Public Employees'
Retirement System*

Introduction

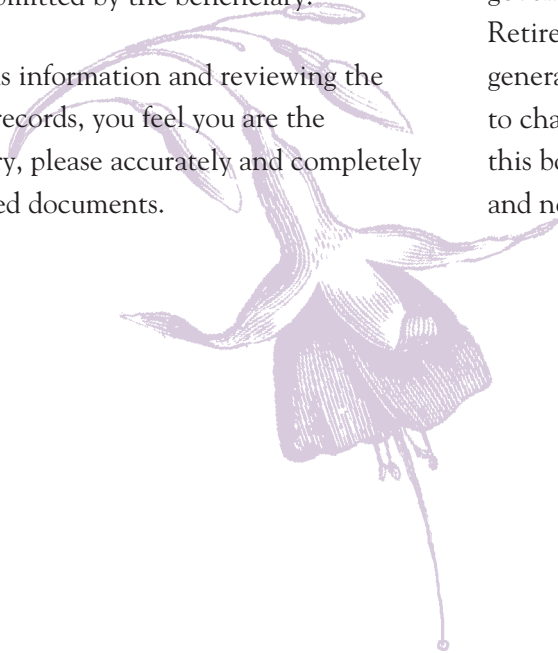
This booklet was designed to assist you in determining what benefits may be payable due to the death of a CalPERS retiree and who is most likely the beneficiary.

Included is important information regarding beneficiary determination and the benefits payable. In addition, there is a claim form and a tax withholding election document which must be completed and submitted by the beneficiary.

If after reading this information and reviewing the retiree's personal records, you feel you are the entitled beneficiary, please accurately and completely fill out the enclosed documents.

Should you have questions that have not been answered in this booklet or you need clarification on any information CalPERS has provided, you may call (916) 326-3848, (800) 352-2238; or (916) 326-3240 Telecommunication Device for the Deaf, for assistance.

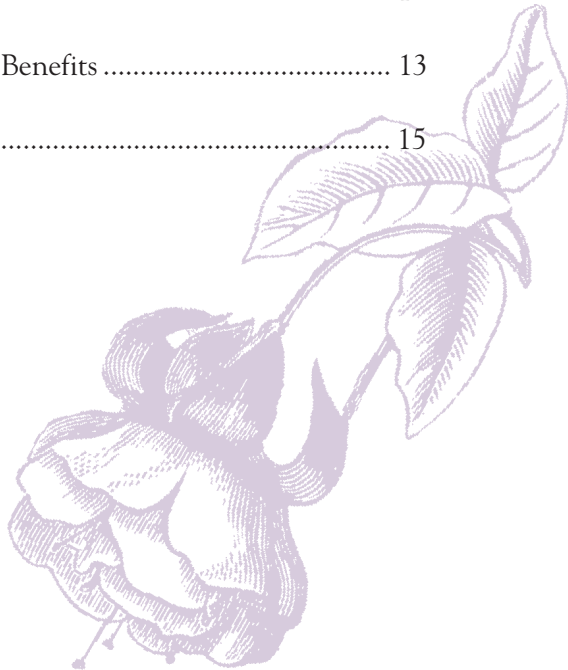
While reading this material, remember that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.



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Beneficiary Determination

Who Will Receive the Death Benefits

Lump Sum Benefits (One-Time Payments)

CalPERS lump sum benefits are payable to the member's designated beneficiary(ies). The member makes his/her original beneficiary designation for lump sum benefits at retirement; however, that designation may be changed at any time by filing a Change of Beneficiary document with CalPERS. In addition, if a marriage, dissolution or annulment of marriage, or the birth or adoption of a child takes place after the last designation, that designation becomes invalid.

If no valid designation is in effect at the time of a member's death, the lump sum death benefits are payable to the beneficiary(ies) entitled under the retirement law as follows: 1) spouse; or if none, 2) children; or if none, 3) parents; or if none, 4) brothers and/or sisters; or if none, 5) the probated estate; or if not probated, 6) the trust; or if none, 7) stepchildren; or if none, 8) grandchildren, including step-grandchildren; or if none, 9) nieces and/or nephews; or if none, 10) great grandchildren; or if none, 11) cousins. If no beneficiary can be located, the benefits may be claimed by the person who paid the funeral expenses.

Monthly Allowances

Options 2, 2W, 3, 3W and 4: If the member's retirement election form (PERS-BAS-898) or a subsequent election form (PERS-PRS-204 or 204D) indicates an election of one of these options, the beneficiary listed may be entitled to a monthly allowance.

Survivor Continuance

This employer-provided benefit* is generally payable to a surviving spouse – one who was married to the member at least one year prior to the member's retirement date and continuous to the date of death. However, the requirement that the surviving spouse and member were married one year prior to the retirement date may be waived for some members with a CalPERS **disability** retirement effective January 1, 1989 or later. The requirement in this case is marriage anytime before retirement and continuous to the date of death, rather than one year before retirement.

If there is no surviving spouse entitled to this benefit, the allowance may be payable to the member's minor or disabled children. A minor child, for the purpose of payment of this benefit, must be under age 18 and unmarried. A minor child's survivor continuance is payable until he/she reaches age 18 or marries. The allowance is payable to an unmarried disabled child if the disability occurred prior to age 18 and has continued without interruption to the member's death. The disability must be to the extent that the child is incapable of self support and unable to be gainfully employed. If more than one child is entitled, the benefit will be divided equally.

If no spouse or children are entitled to the benefit, it may be payable to a member's surviving parent who was dependent on the member for at least one-half of his/her support. If you believe the member's parent may be entitled to this benefit, contact CalPERS for further information on claiming the benefit.

***Note:** Not every employer contracts for this benefit.

Benefit Information

What Benefits May Be Payable

The benefits payable to a retiree's beneficiary(ies) depend on the option elected at retirement, marital status, and the benefits contracted by the member's former employer(s). Because several factors affect the benefits, it is not possible to specifically say what benefits are payable in each case until the member's file is reviewed along with the information submitted on the enclosed Claimant Statement/Survivor Questionnaire. The following is a list of benefits:

Lump Sum Benefits (One-Time Payments)

Retired Death Benefit: If the member formerly worked for the State of California, the benefit is \$2,000. For other employers, the amount is either \$500 or \$600 depending on the employer's contract with CalPERS. These amounts are subject to change with legislation.

If the member had service with more than one employer, the highest amount contracted by any of the member's employers will be paid to the beneficiary(ies).

If the member worked under another publicly funded retirement system in California after leaving CalPERS covered employment, a similar benefit will be paid by the other retirement system and CalPERS will **not** pay a Retired Death Benefit.

Option 1 Balance: If the member elected Option 1 at retirement, a reduction was made to his/her monthly benefit to guarantee the return of any contributions not used to fund the retirement benefit. The member's monthly benefit consists of an annuity (derived from employee contributions) and pension (derived from employer contributions). The Option 1 Balance is determined by multiplying the annuity amount by the number of months retired to obtain contributions used. Subtracting that amount from the total contributions on deposit with CalPERS gives any remaining balance. In most instances, the contributions last from 10 to 12 years.

Commuted Value of Temporary Annuity:

If the member elected to receive a temporary annuity until a specific age and died before receiving all temporary annuity monthly payments, a lump sum payment for the commuted value of the remaining payments will be made to the beneficiary designated to receive the benefit.

Benefit Information Continued

Monthly Benefit Payable To A Beneficiary

Option 2 or 2W: If the member chose either of these options, he/she named a specific person to receive a lifetime benefit equal to the benefit payable to the member. However, if the survivor continuance benefit (described below) is payable to another person, the combined total of the two benefits will equal the monthly amount received by the member. (Example: A child is named as Option 2 beneficiary and the spouse qualifies for survivor continuance.)

Option 3 or 3W: If the member chose one of these options, he/she named a specific person to receive a lifetime benefit equal to one-half of the benefit payable to the member. If the survivor continuance benefit (described below) is payable, the total amount paid may be somewhat higher than one-half the member's benefit. If someone other than the designated beneficiary is the eligible survivor, the beneficiary's payment will not include the survivor continuance. (Example: A child is named as Option 3W beneficiary and the spouse qualifies for survivor continuance.)

Option 4: This option is tailor-made for each member. It is not possible to make general statements about the amount that will be payable.

Survivor Continuance: This benefit may be payable if the member's former employer(s) contracted for the benefit. The Survivor Continuance is an employer-paid monthly benefit that is either one-half or one-quarter of the highest benefit the member could have received. If the member did **not** have Social Security coverage while working as a CalPERS member, the survivor continuance is 50 percent. If the member did have Social Security coverage, the survivor continuance is

25 percent. If the member had social security coverage during part of the time he/she worked as a CalPERS member, the survivor continuance benefit will be between 25 percent and 50 percent.

Purchasing Power Protection Allowance (PPPA):

If the member was receiving a monthly PPPA payment as a result of service with his former employer(s) and the beneficiary is entitled to a monthly benefit, the beneficiary will typically receive a PPPA payment. In most cases, the beneficiary's PPPA amount will be proportionate to the percentage of the member's benefit being paid.

Member's Prorated Allowance

A retired CalPERS member's monthly benefit stops on the date of death. Payment will be made or "prorated" for the number of days the member lived during the month.

A member's benefit paid on the first of each month, can include two types of payments. The amount paid includes the regular monthly benefit, which is payment for the preceding month. The benefit may also include a Purchasing Power Protection Allowance (PPPA) which is paid ahead of time for the coming month. **The PPPA is not included in the amount used to calculate the prorated allowance.**

Example of Prorated Allowance:

| Date of Death | Prorated Allowance |
|---------------|---|
| October 25 | 25/31 of the regular monthly benefit payable on November 1 |

Please refer to the member's last warrant statement to determine the amount of his/her regular monthly benefit used to compute the prorated allowance.

Claiming the Benefits

Claimant Statement/ Survivor Questionnaire

The Claimant Statement/Survivor Questionnaire serves as the claim to benefits when it is completed by a person determined to be entitled to benefits. Because we have information that the member was married, the spouse should complete the questionnaire.

If the member was not married, the form should be completed by the person named on the last designation found with the member's papers or by the closest family member. If the member designated his/her estate, the court-appointed executor/administrator or personal representative should complete the form.

Provide as much information as possible regarding a spouse or any children of the member, including adopted children. Indicate "don't know" if you cannot answer a question. If information is provided about the spouse or children, it is not necessary to provide information about more distant relatives. Please tell us if the member's estate will require probate.

When A Spouse Is Entitled To A Monthly Benefit

It may be possible for CalPERS to begin payments to a spouse entitled to a monthly benefit before the completed questionnaire and death certificate are received. If adequate information about the spouse was obtained when the death was reported to CalPERS, our staff will review system records as quickly as possible to determine if the spouse qualifies for automatic continuation of the benefit. However, if the questionnaire and death certificate are not received within 30 days, the monthly benefit will be suspended.

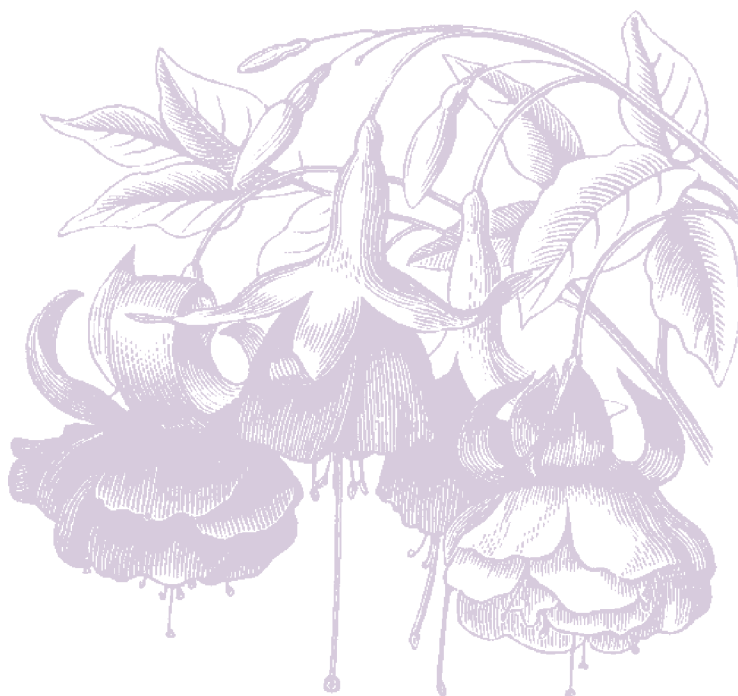
Additional Required Documents

If the spouse was specifically told by CalPERS that it would not be necessary to return the warrants issued after the member's date of death, the overpaid amount will be deducted from benefits. Otherwise, the return of (or reimbursement for) any warrants issued after the date of death will be required. Please do not return any warrants to the Office of the State Controller; return them to CalPERS. If the warrants were cashed or deposited directly into a bank account, you should submit a personal check or money order made payable to Public Employees' Retirement System. The reimbursement payment should be identified as "Death - Overpayment" and include the name and social security number of the deceased. A copy of the death certificate will also be needed. These items should be returned with the completed Claimant Statement/Survivor Questionnaire and tax election document.

Note:

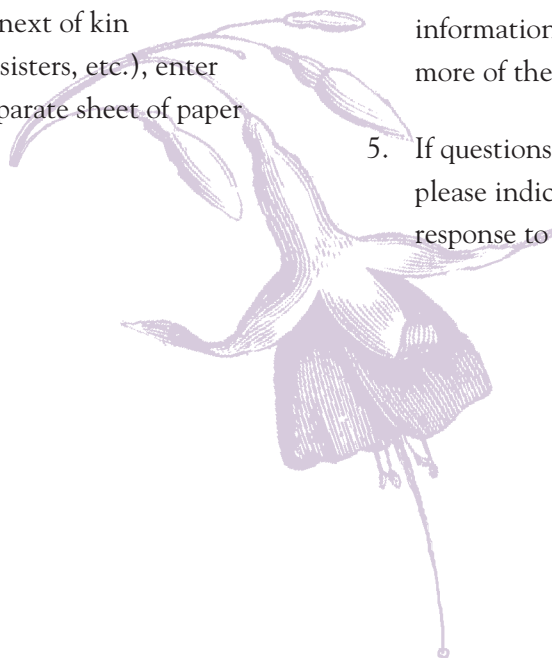
Please use the labels provided to identify documents or correspondence sent to CalPERS. If you do not use a label, the Social Security Number of the deceased should be clearly written on the top right hand corner of the document.

Beneficiary Claim Forms



Completing the Claimant Statement and Survivor Questionnaire

1. Please read the instructions and the questions carefully before answering. Any information you provide should be based on personal knowledge. **Note:** Your signature on this document is made under penalty of perjury under the laws of the State of California.
2. Please provide as much information as possible about any individuals you list as the member's next of kin. This information will be used to help us determine who is entitled to the benefits. If there is not enough space provided to enter all the names and addresses for a group of next of kin (children, brothers and sisters, etc.), enter the information on a separate sheet of paper and attach it.
3. Please complete Section I (Pages 7 & 8) to the best of your ability. Payment cannot be processed unless you complete the signature box outlined at the top of page 7 certifying that the information you have provided is correct. If there is a surviving spouse or children, you do not need to complete Section II (Pages 9 & 10).
4. Section II (Pages 9 & 10) seeks information about surviving next of kin and should be answered in order. Once you have answered "YES" to one of these questions and provided the name, address and any other requested information, you do not have to answer any more of the numbered questions.
5. If questions 1 through 11 are answered "NO," please indicate who paid funeral expenses, in response to question 12.



California Public Employees' Retirement System
Benefit Services Division
P.O. Box 1652 (400 P Street)
Sacramento, California 95812-1652
(916) 326-3848 or (800) 352-2238
TDD (916) 326-3240; FAX (916) 326-3933

Name of Deceased _____
Social Security Number _____
Date of Death _____

Claimant Statement/Survivor Questionnaire - Death of CalPERS Payee

I hereby certify under penalty of perjury under the laws of the State of California that the information provided by me is correct to the best of my knowledge. I also hereby claim any benefits to which I may be entitled. I understand that completing this document does not necessarily entitle me to benefits.

Name (Please print) _____ Phone (____) _____

Signature _____ Date _____

Social Security Number _____ - _____ Relationship to deceased _____

Address for payment:

Address for other correspondence:

Street _____ Street _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Was the deceased a member of another public retirement system in California? (i.e. STRS, UCRS, County, or City Retirement System) ☐ Yes ☐ No ☐ Don't Know

Name of System _____

If there is a surviving spouse or children, complete only Section I of this document. If there is no spouse or children, please complete Sections I and II.

SECTION I

1. Will the estate of the deceased require probate? ☐ Yes ☐ No ☐ Don't Know

Did the deceased leave a will? ☐ Yes ☐ No ☐ Don't Know

Executor/Administrator _____ Phone (____) _____

Address _____

Attorney Handling Probate _____ Phone (____) _____

Address _____

2. Did the deceased leave a trust? ☐ Yes ☐ No ☐ Don't Know

Trustee _____ Phone (____) _____

Address _____

Section I - continued on back

PERS-BSD-97S (1/98)

Complete And Return To CalPERS

3. Was the deceased married on the date of death? ☐ **Yes** ☐ **No** ☐ **Don't Know**

★ If **Yes**, give spouse's name, telephone number, address, date of birth and date of marriage.

Spouse's Name _____ Phone (____) _____

Spouse's Address _____

Spouse's Date of Birth _____ Date of Marriage _____

★ If **No**, Reason: ☐ Never Married ☐ Spouse Deceased _____ Date _____ ☐ Divorced/Other _____ Date _____

4. Was the deceased survived by natural or adopted children?

☐ **Yes** ☐ **No** ☐ **Don't Know**

★ If **Yes**, How Many? _____

Give name, birthdate, address, and telephone number below and indicate if child was disabled prior to attaining age 18, below. (**Note:** A child of the deceased, adopted by another, **MAY** be eligible for payment. Please include any such child in the list of children.)

★ If **No**, Reason: ☐ Never Had Children ☐ All Children Predeceased

Natural or Legally Adopted Children

Provide as much information as you know. If there are more than three children, please attach a sheet of paper and list the remaining children. The same information as is requested on this sheet should be provided. Information about other next of kin should be entered in Section II / Next of Kin.

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Disabled Prior to 18? ☐ **Yes** ☐ **No** Birthdate _____

If under age 18 or disabled, who has care or custody of this child?

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Disabled Prior to 18? ☐ **Yes** ☐ **No** Birthdate _____

If under age 18 or disabled, who has care or custody of this child?

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Disabled Prior to 18? ☐ **Yes** ☐ **No** Birthdate _____

If under age 18 or disabled, who has care or custody of this child?

Name _____ Phone (____) _____

Street _____ City _____ State _____ ZIP _____

Claimant Statement/Survivor Questionnaire

Name of Deceased _____

Social Security Number _____

SECTION II / Next Of Kin

5. Was the deceased survived by a parent or parents?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address and telephone number.

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone () _____

6. Was the deceased survived by any brothers and/or sisters?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

7. Was the deceased survived by any stepchildren having a parent/child relationship with the deceased?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

8. Was the deceased survived by any grandchildren (including step-grandchildren)?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

9. Was the deceased survived by nieces and/or nephews?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

10. Was the deceased survived by great-grandchildren?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

11. Was the deceased survived by cousins?

☐ Yes ☐ No ☐ Don't Know

★ If Yes, how many? Give name, address, telephone number and birthdate on the back of this form.

12. Did the deceased prepay his/her own funeral expenses?

☐ Yes ☐ No ☐ Don't Know

★ If No, give name, address and phone number of person who paid funeral expenses.

Name _____ Address _____ Phone () _____

Other Next of Kin

It is only necessary to enter information for the first category of next of kin in which there are persons who were living at the time of the death of the CALPERS benefit recipient. Be sure to indicate the relationship of the persons you list below (brothers/sisters, stepchildren, grandchildren, nieces/nephews, great-grandchildren, cousins).

Relationship To Deceased _____

| | |
|---|---|
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |
| If under age 18, enter birthdate _____ | Who has custody of this child? _____ |
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |

| | |
|---|---|
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |
| If under age 18, enter birthdate _____ | Who has custody of this child? _____ |
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |

| | |
|---|---|
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |
| If under age 18, enter birthdate _____ | Who has custody of this child? _____ |
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |

| | |
|---|---|
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |
| If under age 18, enter birthdate _____ | Who has custody of this child? _____ |
| Name_____ | Phone (____)_____ |
| Street_____ | City_____ State_____ ZIP_____ |

If there are additional next of kin with this same relationship, please attach a sheet of paper and list the remaining persons, providing this same information.

If you were required to complete Section II because there was no spouse or children, it must be returned with Section I.

Tax and Income Reporting Information

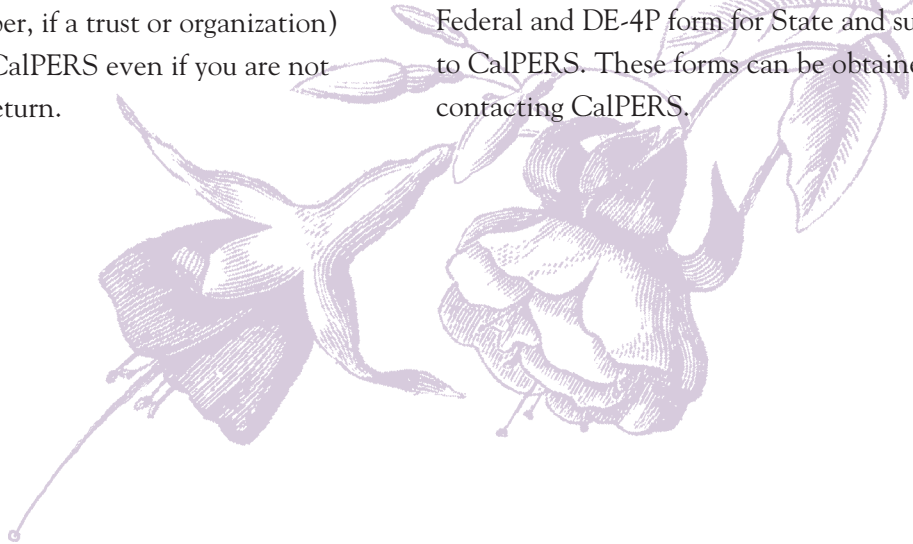
Statement of Benefits Paid and Withholding:

Every January, CalPERS provides each beneficiary with a statement showing the gross amount(s) of benefits paid during the previous calendar year and the amount of income tax withheld, if any. Most payments made by CalPERS are reported to the IRS and Franchise Tax Board. Questions about the taxability of CalPERS benefits should be directed to the IRS, the California Franchise Tax Board or your tax advisor.

Taxpayer Identification Number: Section 6109 of the IRS Code, requires recipients of reportable payments to furnish Taxpayer Identification Numbers (TINS). Your Social Security number (or Employer ID number, if a trust or organization) **must** be furnished to CalPERS even if you are not required to file a tax return.

Notice of Possible Penalties: If you elect **not** to have federal tax and/or California State tax withheld, or if you do not have enough federal or California State tax withheld, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. IRS Publication 505, Tax Withholding and Estimated Tax, provides additional information.

Changing a Tax Withholding Election: Once you file a tax withholding election for a monthly benefit, it will remain in effect until you file another election revoking the original by completing a W-4P form for Federal and DE-4P form for State and submitting it to CalPERS. These forms can be obtained by contacting CalPERS.



Completing the Tax Withholding Election for Death Benefits

Monthly and/or Prorated Payment Including Any Benefit Adjustments

The allowance is treated as payroll wages. Federal income tax will be withheld based on the rate of a married person claiming 3 exemptions **unless** you elect no withholding, elect a flat amount withheld or elect a different marital status or number of exemptions. If no election is submitted and the rate of married with 3 exemptions is used, no Federal Tax will be withheld if the gross monthly payment is less than \$1,200.01*.

If you are a resident of the State of California, State income tax will also be withheld based on the rate of a married person claiming three exemptions **unless** you elect no withholding, elect a flat amount withheld or elect a different marital status or number of exemptions. If you live in California; no election for State withholding is submitted and the rate of married with 3 exemptions is used, no taxes will be withheld if the gross monthly payment is less than \$1698.98*.

*Amounts are based on 1998 tax tables.

One-Time Payments (Option One, Temporary Annuity and/or Retired Death Benefit)

Under Section 402(f) of the Internal Revenue Code, special tax rules apply to eligible roll-over distributions. You should promptly consult a tax advisor before making your tax election for these CalPERS benefits. The general requirements for these distributions and the special tax rules are described below.

Federal tax rules require CalPERS to automatically deduct federal tax withholding from the **taxable** portion, unless the benefit is payable to a spouse (including an ex-spouse), who can avoid having **20 percent** withheld by electing to have the benefit paid into an Individual Retirement Account (IRA). Accompanying this booklet is your cover letter which states the estimated gross amount of the benefits and specifies the taxable portion.

If you live in California, you will need to make an election indicating whether or not you wish to have California State taxes withheld from the payment. If you elect withholding for State taxes, the rate will be **3 percent** of the one-time payment. If you do not make an election, CalPERS will automatically withhold **3 percent** for California State taxes.

Option One and Temporary Annuity (Lump Sum) Payments

The Option One and/or Temporary Annuity benefits may be non-taxable, partially taxable or fully taxable. Any taxable portion of the benefit will be subject to **20 percent federal withholding unless rolled over into an IRA**. The **nontaxable** portion of the distribution(s) is **not eligible** for roll-over into an IRA. This portion of the benefit will be paid to you with no taxes deducted and will be reported to the tax authorities as a nontaxable benefit.

Retired Death Benefit

The Retired Death Benefit is an employer paid benefit reported to the tax authorities as fully taxable. If received by a surviving spouse or ex-spouse, it is an “eligible roll-over distribution.”

The gross benefit amount stated in your cover letter includes the Retired Death Benefit, which is either \$500, \$600 or \$2,000 depending on the employer’s contract with CalPERS. Because this benefit is fully taxable, it will be subject to **20 percent** federal withholding unless rolled over into an IRA as explained above.

Note: Generally, these benefits are not subject to California State tax unless the beneficiary lives in California when payment is made. If you do not live in California, no State tax will be withheld unless you make an election for State withholding. If you are unsure whether you will be subject to California State taxes, please contact the California Franchise Tax Board or seek the advice of a qualified tax consultant.

Spouse/Ex-spouse

California Public Employees' Retirement System
Benefit Services Division
P.O. Box 1652 (400 P Street)
Sacramento, California 95812-1652
(916) 326-3848 or (800) 352-2238
TDD (916) 326-3240; FAX (916) 326-3933

Name of Deceased _____

Social Security Number _____

Tax Withholding Election for Death Benefits

You may be eligible to receive a death benefit payment. Please read the enclosed tax information and then complete all sections of this form. Failure to return this form will result in taxes being withheld at the rate prescribed by law.

CAUTION: There are penalties for not paying enough taxes during the tax year. Estimated tax requirements and penalties are explained in Publication 505. **Send your request for this publication to: Internal Revenue Service, P.O. Box 12626, Fresno, CA 93778.**

Monthly And/Or Prorated Payment Including Any Allowance Adjustments

Federal Tax Election

- ☐ **I Do Not** elect to have federal tax withheld from my benefit payment(s).
- ☐ I elect to have federal tax withholdings of...
Marital Status:
☐ Single _____ Exemptions
☐ Married _____ Exemptions
In addition, I elect to have the following federal tax withheld _____ .00.
- ☐ I elect to have the following flat amount of federal tax withheld _____ .00.

California State Tax Election

- ☐ **I Do Not** elect to have state tax withheld from my benefit payment(s).
- ☐ I elect to have state tax withholdings of...
Marital Status:
☐ Single _____ Exemptions
☐ Married _____ Exemptions
In addition, I elect to have the following state tax withheld _____ .00.
- ☐ I elect to have the following flat amount of state tax withheld _____ .00.
- ☐ Withhold State of California income tax in the amount of 10% of the amount withheld for federal income tax withholding.

Option One And Temporary Annuity Payments

Federal Tax Election

- ☐ **I Do Not** wish to have the taxable portion of the lump sum benefits rolled into an IRA account and understand 20% federal tax will be withheld.
- ☐ I elect to have the taxable portion of the lump sum benefit rolled into the following IRA account:
Name of Financial Institution _____
Plan Name _____
Account Number _____
Address of Institution _____

California State Tax Election

- ☐ **I Do Not** elect to have state tax withheld from my lump sum benefit payment.
- ☐ I elect to have state tax withheld from my lump sum benefit payment.

Retired Death Benefit Payment

Federal Tax Election

- ☐ **I Do Not** wish to have the taxable portion of the retired death benefits rolled into an IRA account and understand 20% federal tax will be withheld.
- ☐ I elect to have the taxable portion of the retired death benefit rolled into the following IRA account:
Name of Financial Institution _____
Plan Name _____
Account Number _____
Address of Institution _____

California State Tax Election

- ☐ **I Do Not** elect to have state tax withheld from my retired death payment.
- ☐ I elect to have state tax withheld from my retired death payment.

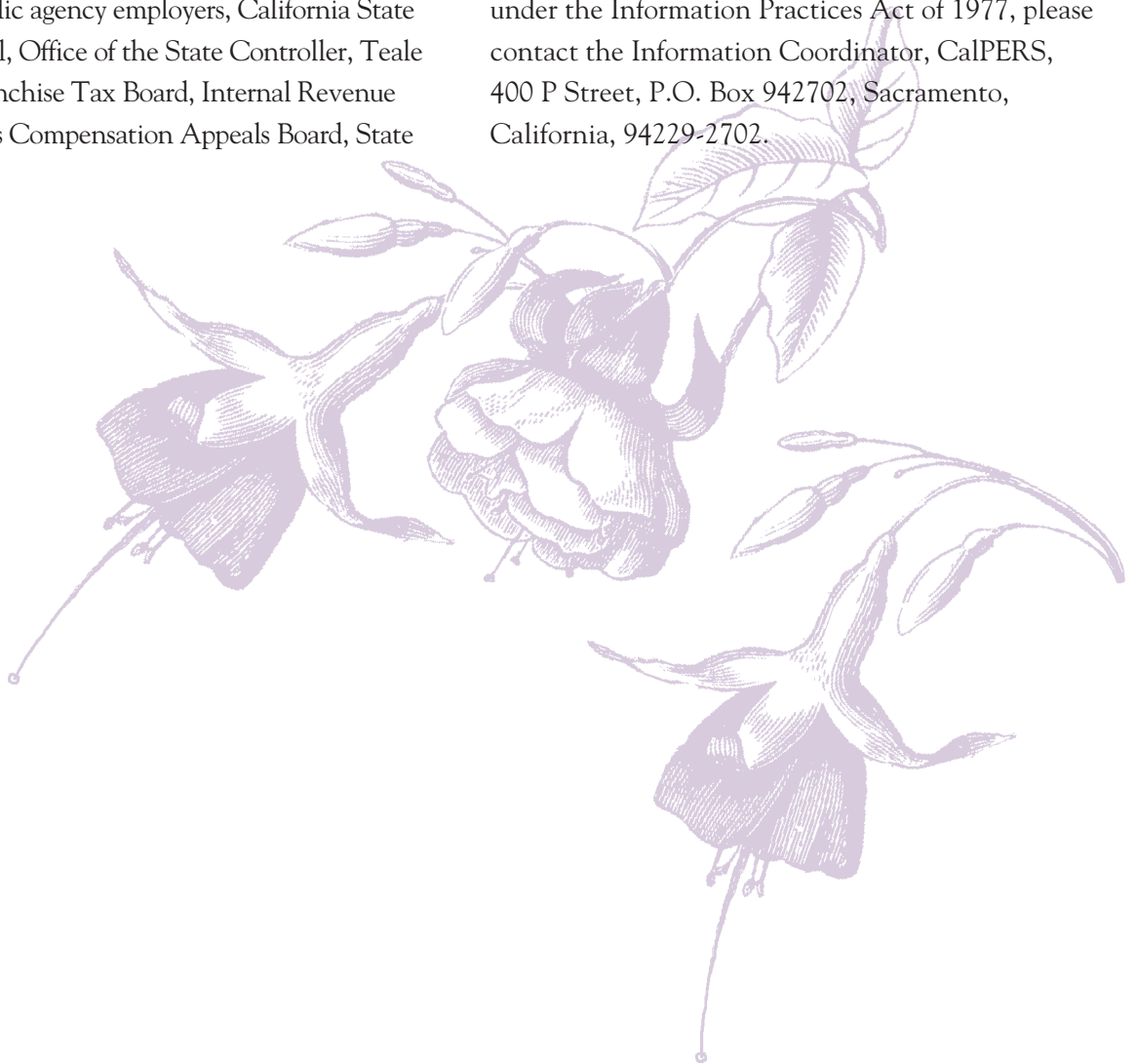


Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply the information may result in the System being unable to perform its functions regarding the death benefits payable. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Worker's Compensation Appeals Board, State

Compensation Insurance Fund, County District Attorney, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

The beneficiary has the right to review the membership file of the deceased maintained by the System. Any person determined not to be the beneficiary may review any documents he/she submitted. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.





California Public Employees' Retirement System
400 P Street
Sacramento, California 95814
www.calpers.ca.gov

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